CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT#	2 Total pages filed:	OFFICE USE ONLY
N/A	建 21	Date Received
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MS AJTOWETTE NICKNAME LAST SUFFIX LOWKENCE	2 10 11
4 ORIGINAL REPORT TYPE	Runoff St00 limit	Date Provessed
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 10 / 24 / 03 THROUGH 12 / 31 / 03	Date Imaged

6 EXPLANATION OF CORRECTION

Corrections to:

- Schedule A, page 1, out-of-state PAC ID number added
- Schedule A, page 7, out-of-state PAC ID number added
- Schedule F, page 4, address corrected

-	
. (AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good/faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of officer administering oath

Signature of Candidate or Officeholder

Sworn to and subscribed before me by certify which, witness my hand and seal of office.

Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

	OFFICEHOLDER INANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gui	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000004	2 PAGE# 1 of 18
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Antoinette B	MA	OFFICE USE ONLY
NAME	NICKNAME LAST Toni Lawrence	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: 7047 Bent Branch Dr Houston, TX 77088	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address			Daniel #
5 CAMPAIGN	MS/MRS/MR FIRST	Mi	Receipt # Amount
TREASURER NAME	Mr. George D		Date Processed Date Imaged
147 114160	nickname Last Franklow	suffix Jr.	Date illiaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	2618 Sutton Ct Houston, TX 77027	/SUITE#; CITY; STATE;	, ZIP CODE
7 CAMPAIGN TREASURER PHONE	(713) 552-0838	EXTENSION	
8 REPORT TYPE	X January 15 30th day before ele	Runoff	15th day after campaign treasurer appointment (officeholder only)
:	July 15 8th day before elec	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year TI 10/26/2003	Month Day HROUGH 12/31/20	
10 ELECTION	ELECTION DATE ELECTION Month Day Year	N TYPE	
		mary Runoff	General Special
11 OFFICE	OFFICE HELD (if any) Houston City Council-Dist A District 0	12 OFFICE SOLIGHT (If know	n)
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign Candidates are required to disclose this informat		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State	e; Zip Code	
additional pages			
	GOT	O PAGE 2	-

Signature of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2 14 C/OH NAME Lawrence, Antoinette B 15 ACCOUNT # (Ethics Commission filers) 00000004 This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 16 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this FROM information only if they receive notice of such expenditures. .. **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. \$ 0.00 PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS **TOTAL POLITICAL CONTRIBUTIONS** 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 28,175.00 **EXPENDITURE** 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** 0.00 TOTAL POLITICAL EXPENDITURES 4. \$ 27,454.69 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE 0.00 BALANCE LAST DAY OF THE REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 0.00 THE RA 18 AFFIDAVIT KRORA I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said (Intouris , to certify which, witness my hand and seal of office.

Print name of officer administering oath

Title of officer administering oath

	• · · · · · · · · · · · · · · · · · · ·				
	The Instruction	GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/9	P Report: 3/18
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/27/2003	6 Contributor address; City; State; Zip Code Houston, TX 77259-3727		\$300.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See in:	structions)	
	Date	Full name of contributor Out-of-state PAC(ID#_C American Federaltion of St., County & Municipal E	00011114) mployees	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/28/2003	Contributor address; City; State; Zip Code Washington, DC 20036	,	\$250.00	
	Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/19/2003	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$2,500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/19/2003	Contributor address; City; State; Zip Code		\$2,500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/31/2003	Contributor address; City; State; Zip Code		\$2,500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS				
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 2/9	Report: 4/18
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT# 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC(ID# Bohac, Dwayne		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/01/2003	6 Contributor address; City; State; Zip Code Houston, TX 77018		\$250.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/20/2003	Contributor address; City; State; Zip Code Houston, TX 77291-1092		\$500.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor ut-of-state PAC(ID# Breed, J Carter		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/29/2003	Contributor address; City; State; Zip Code Houston, TX 77024		\$500.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
İ	12/31/2003	Contributor address; City; State; Zip Code Houston, TX 77018	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$100.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/01/2003	Contributor address: City: State: Zip Code Houston, TX 77063	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$800.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS					
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/9	Report: 5/18	
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT# 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contributor out-of-state PAC(ID# Continental Airlines,Inc.Employee Fund for a Bett	er America PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/29/2003	6 Contributor address; City; State; Zip Code Houston, TX 77002-7362		\$500.00		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	".	
	Date	Full name of contributor ut-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/23/2003	Contributor address; City; State; Zip Code Houston, TX 77227		\$100.00		
	Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor ut-of-state PAC(ID# Garver, C.M.)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/24/2003	Contributor address; City; State; Zip Code Houston, TX 77023		\$1,000.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/28/2003	Contributor address; City; State; Zip Code Houston, TX 77002-5096		\$100.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/18/2003	Contributor address; City; State; Zip Code		\$3,000.00		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
					, , , , , , , , , , , , , , , , , , , ,	

The Instructi	ON GUIDE explains how to complete this form.	1 PAGE # Schedule: 4	1/9 Report: 6/18
FILER NAME	Lawrence. Antoinette B	3 ACCOUNT # 00000004	
Date	5 Full name of contributor out-of-state PAC(ID# Hackett, James T or Maureen	7 Amount of contribution (\$	8 In-kind contribution description (if applicable
10/27/2003	6 Contributor address; City; State; Zip Code Houston, TX 77019	\$250.0	0
Principal occur	pation / Job title (See Instructions)	10 Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$	In-kind contribution description (if applicable
11/13/2003	Contributor address; City; State; Zip Code League City, TX 77573	\$1,000.0	0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor) Amount of contribution (\$	In-kind contribution description (if applicable
10/27/2003	Contributor address; City; State; Zip Code	\$1,000.0	0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L
Date	Full name of contributor out-of-state PAC(ID#) Amount of contribution (\$	In-kind contribution) description (if applicable
10/30/2003	Contributor address; City; State; Zip Code Montgomery, TX 77356	\$100.0	0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor) Amount of contribution (\$	In-kind contribution description (if applicable
12/29/2003	Contributor address; City; State; Zip Code Montgomery, TX 77356	\$500.0	0
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	L. ·

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	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 5/9	Report: 7/18
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC(ID# Home-PAC)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/13/2003	6 Contributor address; City; State; Zip Code Houston, TX 77064		\$1,000.00	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
_	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/14/2003	Contributor address; City; State; Zip Code Houston, TX 77292-0843		\$1,000.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	<u>.</u>
_	Date	Full name of contributor out-of-state PAC(ID# Houston Associates General Contractors PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/30/2003	Contributor address; City; State; Zip Code Houston, TX 77092	••••	\$500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor out-of-state PAC(ID#_ Houston Police Retired Officers Assoc. PAC)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/27/2003	Contributor address; City; State; Zip Code Houston, TX 77252-2288	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$500.00	
_	Principal occup	Leation / Job title (See Instructions)	Employer (See In	structions)	
_	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/29/2003	Contributor address; City; State; Zip Code Houston, TX 77251	• • • • • • • • • • • • • • • • • • • •	\$100.00	
	Principal occup	 pation / Job title (See Instructions)	Employer (See In	structions)	
					

The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 6/9	Report: 8/18
2 FILER NAME	Lawrence, Antoinette B	i	3 ACCOUNT # 00000004	(Ethics Commission filers)
4 Date	5 Full name of contributor ut-of-state PAC(ID# Kilpatrick, Carole		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/30/2003	6 Contributor address; City; State; Zip Code Houston, TX 77088		\$50.00	
9 Principal occup	etion / Job title (See Instructions)	10 Employer (See In:	structions)	····
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/22/2003	Contributor address; City; State; Zip Code Houston, TX 77008-1350		\$100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/2003	Contributor address; City; State; Zip Code Sugar Land, 1X 77478		\$200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	,
Date	Full name of contributor ut-of-state PAC(ID# Locke Liddell & Sapp, LLP	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/24/2003	Contributor address; City; State; Zip Code		\$1,000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/30/2003	Contributor address; City; State; Zip Code Houston, TX 77088		\$100.00	
Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
		<u> </u>		

	OTTL	THAN I LEBOLO ON LOAI	10		
	The instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 7/9	Report: 9/18
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/31/2003	6 Contributor address; City; State; Zip Code Houston. TX 77019		\$200.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
	Date	Full name of contributor uut-of-state PAC(ID#Ogilvie, Staman or Beverty		Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/22/2003	Contributor address; City; State; Zip Code Houston, TX 77056		\$500.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	<u>- </u>
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	11/07/2003	Contributor address; City; State; Zip Code Houston, TX 77001-0148		\$500.00	
	Principal occup	ation / Job title (See instructions)	Employer (See In:	structions)	- · · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor out-of-state PAC(ID# Rex, Glenn L or Rebecca)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/2003	Contributor address; City; State; Zlp Code Houston, TX 77066		\$250.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor	00004325)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/27/2003	Contributor address; City; State; Zip Code Camp Springs, MD 20746		\$500.00	
_	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)	

Date 5 S	Full name of contributor ut-of-state PAC(ID#etlers, Carol Contributor address; City; State; Zip Code		0000004 7 Amount of	(Ethics Commission filers)
10/27/2003 6	ellers, Carol)		
H	• • • • • • • • • • • • • • • • • • • •		contribution (\$)	8 In-kind contribution description (if applicable)
Principal occupation	ouston, TX 77088		\$100.00	
	on / Job title (See Instructions)	10 Employer (See Ins	tructions)	
Date S	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/27/2003	Contributor address; City; State; Zip Code ouston, TX 77008		\$250.00	
Principal occupation	on / Job title (See Instructions)	Employer (See Ins	tructions)	
Date S	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable
10/27/2003	Contributor address; City; State; Zip Code louston, TX 77043	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$25.00	
Principal occupati	on / Job title (See Instructions)	Employer (See Ins	tructions)	
Date T	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/31/2003	Contributor address; City; State; Zip Code	, , , , , , , , , , , , , , , , , , , ,	\$100.00	
Principal occupati	on / Job title (See Instructions)	Employer (See Ins	tructions)	
Date	Full name of contributor out-of-state PAC(ID# SC Fund)	Amount of contribution (\$)	In-kind contribution description (if applicable
12/08/2003	Contributor address; City; State; Zip Code		\$200.00	
1	on / Job title (See Instructions)	Employer (See Ins	tructions)	

L	OTHER	THAN PLEDGES OR LUAN			
	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 9/9	Report: 11/18
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor ut-of-state PAC(ID# Ulmer, Kenneth W)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/30/2003	6 Contributor address; City; State; Zip Code Houston, TX 77041		\$500.00	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	·
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/26/2003	Contributor address; City; State; Zip Code Houston, TX 77064		\$500.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/30/2003	Contributor address; City; State; Zip Code Houston, TX 77242		\$250.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/01/2003	Contributor address; City; State; Zip Code Houston, TX 77022		\$1,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/03/2003	Contributor address; City; State; Zip Code Houston, TX 77055		\$1,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

P.O.Box 12070

POLITIO	CAL EXPENDITURES			SCHEDULE F	
The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 1/5 Report: 12/18			
2 FILER NAME	FILER IMME LAWISING, AMOUNTS D		3 ACCOUNT# (00000004		
4 Date	5 Payee name Blakemore & Associates			7 Amount (\$)	
10/28/2003	6 Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston, TX 77027			\$7,308.93	
Information rec	Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to beneficially conditionally conditional			it C/OH	
	·	Office sought: Office held:			
Date	Payee name Blakemore & Associates			Amount (\$)	
11/05/2003	Payee address; City; State; Zip Code 3405 Edioe St Ste 380 Houston, TX 77027		.,	\$1,754.51	
information rec	yment (See instructions regarding type of quired.) DirectMail-688.24Admin:Courier-66.27	" Complete if direct Candidate / Officeholder nar Office sought: Office held:	t expenditure to bene ne:	fit C/OH ··	
Date	Payee name Blakemore & Associates			Amount (\$)	
11/06/2003	Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston, TX 77027			\$3,000.00	
Purpose of pa information re Bonus	yment (See instructions regarding type of quired.)	** Complete if direct Candidate / Officeholder no Office sought: Office held:	t expenditure to bene	fili C/OH ••	
Date	Payee name	Once note.		Amount	
Dara	Blakemore & Associates			(\$)	
12/23/2003	Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston, TX 77027			\$1,278.44	
Purpose of pa information re Fundraiser:		" Complete if direc Candidate / Officeholder na	t expenditure to beno ime:	efit C/OH **	
, ununusei.i		Office held:			

POLITI	CAL EXPENDITURES		SCHE	OULE F
The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 2/5 Report: 13/18	
2 FILER NAME Lawrence, Antoinette B			3 ACCOUNT # (Ethics Commission Mers) 00000004	
Date	5 Payee name Greenlaw, Martha		N i	ount (\$)
10/31/2003	6 Payee address; City; State; Zip Coo 9209 Stagecoach Dr Houston, TX 77041	de		\$1,000.00
Purpose of pa information re- Campaign W		9 ** Complete if direct exper Candidate / Officeholder name:	nditure to benefit C/OH **	
Date	Payee name Greenlaw, Martha	Office held:		nount (\$)
12/02/2003	Payee address; City; State; Zip Coo 9209 Stagecoach Dr Houston, TX 77041			\$188.57
information re	· · · · ·	" Complete if direct expe Candidate / Officeholder name:	nditure to benefit C/OH **	
Stamps/Nan	ne rags	Office sought: Office held:		
Date	Payee name LT Communications			nount (\$)
12/01/2003	Payee address; Clty; State; Zip Co 2606 Persa Houston, TX 77098	de		\$400.00
information re	ayment (See instructions regarding type of equired.)	** Complete if direct expe Cendidate / Officeholder name:	anditure to benefit C/OH **	
Fundraiser		Office sought:		
Date	Payee name Martin, Sharon		A	mount (\$)
10/31/2003	Payee address; City; State; Zlp Cc 10670 Northbrook Houston, TX 77043	ode		\$1,000.0
Purpose of prinformation re Campaign \	•	** Complete if direct exp Candidate / Officeholder name:	enditure to benefit C/OH **	
		Office sought: Office held:	<u></u>	

POLITIC	CAL EXPENDITURES		SCHEDULE F		
The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 3/5 Report: 14/18		
FILER NAME	FILER NAME Lawrence, Antoinette B 3 ACCOUNT # 00000004				
Date 11/06/2003	 Payee name Robbins, Debbie Payee address; City; State; Zip Code 22950 Indian Ridge Dr Katy, TX 77450 		7 Amount (\$) \$100.00		
Purpose of payr information requ Campaign Wo	ment (See instructions regarding type of uired.)	9 * * Complete if direct expendent of the complete of direct expendent of the complete of the	diture to benefit C/OH **		
		Office held:	Amount		
Date	Payee name Shaw, Greg		(\$)		
11/06/2003	Payee address; City; State; Zip Code 800 Colquitt Houston, TX 77006		\$3,000.00		
Purpose of pay information req Campaign Wo		" Complete if direct exper Candidate / Officeholder name: Office sought:	nditure to benefit C/OH		
		Office held:	Amount		
Date	Payee name Shaw, Greg		(\$)		
11/16/2003	Payee address; City; State; Zip Code 800 Colquitt Houston, TX 77006		\$300.00		
Purpose of pay information req	ment (See instructions regarding type of uired.)	** Complete if direct expendent of the Candidate / Officeholder name:	nditure to benefit C/OH **		
FIIONE DIN		Office sought: Office held:			
Date	Payee name SWP Printers		Amount (\$)		
11/05/2003	Payee address; City; State; Zip Code 1055 Conrad Sauer Houston, TX 77043		\$4,779.24		
Purpose of pay information red Printing of Ma	•	" Complete if direct expe Candidate / Officeholder name: Office sought: Office held:	enditure to benefit C/OH **		

· OLIII	OAL EXI ENDITORES			SCHEDULE I
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5	Report: 15/18
2 FILER NAME	Lawrence, Antoinette B		3 ACCOUNT# (00000004	Ethics Commission filers)
4 Date	5 Payee name Tange Mann & Garza			7 Amount (\$)
10/30/2003	6 Payee address; City; State; Zip Co 1415 N Loop West #210 Houston, TX 77008			\$321.00
information re	• •	9 ** Complete if direct Candidate / Officeholder na	t expenditure to benef me:	fit C/OH **
Financial Dis	sclosure Statement	Office sought: Office held:		
Date	Payee name Tribe Design			Amount (\$)
11/05/2003	Payee address; City; State; Zip Co 5555 Morningside Dr Ste 202 Houston, TX 77005	de		\$1,732.00
Purpose of pa information re Design for M	•	* Complete if direct Candidate / Officeholder na	t expenditure to bene me:	fit C/OH ••
Design for te	rancis	Office sought: Office held:		
Date	Payee name WC Management			Amount (\$)
11/05/2003	Payee address; City; State; Zip Co 402 West 16th Street Houston, TX 77008	de		\$211.82
information re	•	** Complete if direc Candidate / Officeholder no	t expenditure to bene	fit C/OH · ·
Phone Num	Ders	Office sought: Office held:		
Date	Payee name Wong, Jimmy			Amount (\$)
12/01/2003	Payee address; City; State; Zip Co 3010 Briarpark Ste 200 Houston, TX 77042	de	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$283.36
Purpose of pa information re Dinner-Volu	•	** Complete if direct Candidate / Officeholder no	ct expenditure to bene eme:	fit C/OH **
Dilliei-40i0	INCOIO	Office sought: Office held:		

rt: 16/18 commission filers) Amount (\$) \$100.00
Amount (\$)
Amount (\$)
(\$)
\$100.00
4 **
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Amount (\$)
\$100.00
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE # Schedule: 1/2		Report: 17/18		
FILER NAME	Lawrence, Antoinette B	3 ACCOUNT# 00000004	(Fthics	Commission filers)
4 Date	5 Payee name Allright Parking		8	Amount (\$)
10/29/2003	10/29/2003 6 Payee address: City; State; Zip Code Houston, TX 77002			\$6.0
	7 Purpose of expenditure Officeholder:Misc-Parking		X)	Reimbursement from political contributions intended
Date	Рау ее пате Cilantro's			Amount (\$)
12/12/2003	12/12/2003 Payee address; City; State; Zip Code Houston, TX 77007			\$31.3
	Purpose of expenditure Public Relations:Meals		X	Reimbursement from political contributions intended
Date	Payee name Homestyle Buffet			Amount (\$)
12/13/2003	Payee address; City; State; Zip Code Houston, TX 77055			\$35.4
	Purpose of expenditure Public Relations:Meals		XI	Reimbursement from political contributions intended
Date	Payee name Kinko's			Amount (\$)
11/04/2003	Payee address; City; State; Zip Code Houston, TX 77092			\$30.6
	Purpose of expenditure Officeholder:Office Supplies		区	Reimbursement from political contributions intended
Date	Payee name Park Plaza Professional Building			Amount (\$)
12/04/2003	Payee address; City; State; Zip Code Houston, TX 77004			\$7.0
	Purpose of expenditure Officeholder:Misc-Parking			Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

I RE INSTRUCTION GUIDE EXPLAINS NOW to complete this form.			Report: 18/18	
2 FILER NAME	Lawronce, Antoinctte B	3 ACCOUNT # 00000004	(Ethics	Commission filors)
4 Date	5 Payee name US Postmaster		8	Amount (\$)
10/27/2003	Payee address; City; State; Zip Code Houston, TX 77018-9998		-	\$188.57
	7 Purpose of expenditure Officeholder:Misc-Postage		X	Reimbursement from political contributions intended
Date	Payee name US Postmaster			Amount (\$)
12/23/2003	Payee address; City; State; Zip Code Houston, TX 77018-9998			\$297.90
	Purpose of expenditure Officeholder:Postage		X	Reimbursement from political contributions intended
				·

Presented by the Federal Election Commission

Committee ID: C00011114

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

1625 L STREET NW WASHINGTON, DC 20036

Treasurer Name:

WILLIAM LUCY

Committee Designation:

U (UNAUTHORIZED)

Committee Type:

QUALIFIED NON-PARTY

Search For:

Contributions Received By This Candidate's Committees

Committees And Candidates Supported/Opposed

Individuals Who Gave To This Committee

TRY A: NEW QUERY

RETURN TO: FEC HOME PAGE

Presented by the Federal Election Commission

Committee ID: C00004325

SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNATIONAL UNION OF N.A. - AGLIWD/NMU

5201 Auth Way Camp Springs, MD 20746

Treasurer Name:

Walters, Lynn S.

Committee Designation:

U (UNAUTHORIZED)

Committee Type:

QUALIFIED NON-PARTY

Search For:

Contributions Received By This Candidate's Committees

Committees And Candidates Supported/Opposed

Individuals Who Gave To This Committee

TRY A: NEW QUERY

RETURN TO: FEC HOME PAGE

2510178



TEXAS ETHICS COMMISSION **AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct.

The reporting errors brought to my attention have been promptly corrected in reports filed with the Houston City Secretary on 02/23/06. The omissions constitute minor clerical errors and do not indicate a failure to timely report the basic disclosure of contributions and expenditures.

Copies of the amended reports are included with this affidavit.

Thank you.



Sworn to and subscribed before me by, to certify which, witness my hand and seal of office.